

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission:

Application Number	10/017,640
Filing Date	December 14, 2001
First Named Inventor	William Matz
Art Unit	3629
Examiner Name	J. P. Ouellette
Attorney Docket Number	BS01342

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MAR 15 2005

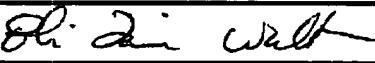
ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> 1 Other Enclosure(s) (please identify below):
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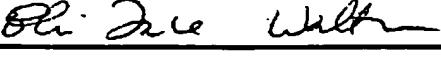
Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature			
Date	March 15, 2005		

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Name (Print/Type)	Bambi Faivre Walters	Date	March 15, 2005
Signature			

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William Matz et al. Group Art Unit: 3629
Application No.: 10/017,640 Examiner: J. P. Ouellette
Filed: December 14, 2001
Title: "System and Method for Identifying Desirable Subscribers"

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VIA FACSIMILE 703-872-9306

Attn: Examiner J. P. Ouellette

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

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Signature

MARCH 15, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Forms PTO 1449 (p. 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

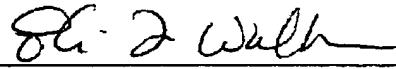
03/16/2005 BBOHNER 00000014 10017640

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100.00 0P

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: March 15, 2005

Please type a plus sign (+) inside this box → +

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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		Complete If Known	
		Application Number	10/017,640
		Filing Date	December 14, 2001
		First Named Inventor	William Matz et al.
		Group Art Unit	3629
		Examiner Name	J. Ouellette
		Attorney Docket Number	BS01342
Sheet	1	of	1

U.S. PATENT DOCUMENTS

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (12-04-2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ **\$180.00**)
Complete If Known

Application Number	10/017,640
Filing Date	December 14, 2001
First Named Inventor	William Matz
Examiner Name	J. Ouellette
Art Unit	3629
Attorney Docket No.	BS01342

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee DescriptionEach claim over 20 (including Reissues) Fee (\$): 50 Small Entity Fee (\$): 25Each independent claim over 3 (including Reissues) Fee (\$): 200 Small Entity Fee (\$): 100Multiple dependent claims Fee (\$): 360 Small Entity Fee (\$): 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Small Entity Fee (\$)
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20. Fee (\$): 200 Small Entity Fee (\$): 100

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Small Entity Fee (\$)
- 3 or HP =	x	=		360	180

HP = highest number of independent claims paid for, if greater than 3. Fee (\$): 360 Small Entity Fee (\$): 180**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)Non-English Specification, \$130 fee (no small entity discount) Fee (\$): 130 Small Entity Fee (\$): 65Other (e.g., late filing surcharge): Fee (\$): 180.00 Small Entity Fee (\$): 90.00**SUBMITTED BY**

Signature	<i>Ali Jai Watters</i>	Registration No. 45,197 (Attorney/Agent)	Telephone 757-253-5729
Name (Print/Type)	Bambi Faivre Watters		Date March 15, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
\$180.00

Complete If Known

Application Number	10/017,640
Filing Date	December 14, 2001
First Named Inventor	William Matz
Examiner Name	J. Ouellette
Art Unit	3629
Attorney Docket No.	BS01342

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

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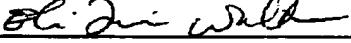
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS - 37 CFR 1.97(b)(3) \$180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 45,197	Telephone 757-253-5729
Name (Print/Type)	Bambi Fulvre Walters		Date March 15, 2005

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